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H.659

Introduced by Representatives French of Randolph, Berry of Manchester,
Burditt of West Rutland, Clarkson of Woodstock, Cole of
Burlington, Donahue of Northfield, Haas of Rochester, Jerman
of Essex, Martin of Wolcott, Partridge of Windham, Pearson of
Burlington, Ram of Burlington, Russell of Rutland City,
Ryerson of Randolph, and Trieber of Rockingham

Referred to Committee on

Date:

Subject: Health; mental health; sexual orientation; conversion therapy

Statement of purpose of bill as introduced: This bill proposes to prohibit
mental health care providers from practicing conversion therapy on patients
younger than 18 years of age.

An act relating to the prohibition of conversion therapy on minors

It is hereby enacted by the General Assembly of the State of Vermont:

* * * Findings * * *

Sec. 1. FINDINGS

In recognition that being lesbian, gay, bisexual, or transgender is part of the
natural spectrum of human identity and is not a disease, disorder, illness,
deficiency, or shortcoming, the General Assembly finds:

1 (1) After conducting an evaluation of peer-reviewed journal literature on
2 sexual orientation change efforts, the American Psychological Association’s
3 Task Force on Appropriate Therapeutic Responses to Sexual Orientation
4 concluded that sexual orientation change efforts can pose critical health risks to
5 lesbian, gay, and bisexual persons. Specific risks include confusion,
6 depression, guilt, helplessness, hopelessness, shame, social withdrawal,
7 suicidality, substance abuse, stress, disappointment, self-blame, decreased
8 self-esteem and authenticity to others, increased self-hatred, hostility and
9 blame toward parents, feelings of anger and betrayal, loss of friends and
10 potential romantic partners, problems in sexual and emotional intimacy, sexual
11 dysfunction, high-risk sexual behaviors, and a sense of having wasted time and
12 resources.

13 (2) The American Psychological Association issued a resolution on
14 Appropriate Affirmative Responses to Sexual Orientation Distress and Change
15 Efforts in 2009, which states: “[t]he American Psychological Association
16 advises parents, guardians, young people, and their families to avoid sexual
17 orientation change efforts that portray homosexuality as a mental illness or
18 developmental disorder and to seek psychotherapy, social support and
19 educational services that provide accurate information on sexual orientation
20 and sexuality, increase family and school support, and reduce rejection of
21 sexual minority youth.”

1 (3) The American Psychiatric Association published a position
2 statement in March 2000 stating: “[p]sychotherapeutic modalities to convert or
3 ‘repair’ homosexuality are based on developmental theories whose scientific
4 validity is questionable. Furthermore, anecdotal reports of ‘cures’ are
5 counterbalanced by anecdotal claims of psychological harm. In the last four
6 decades, ‘reparative’ therapists have not produced any rigorous scientific
7 research to substantiate their claims of cure. Until there is such research
8 available, [the American Psychiatric Association] recommends that ethical
9 practitioners refrain from attempts to change individuals’ sexual orientation,
10 keeping in mind the medical dictum to First, do no harm.”

11 (4) The American School Counselor Association recognized in a
12 position statement on professional school counselors and lesbian, gay,
13 bisexual, transgendered, and questioning (LGBTQ) youth that sexual
14 orientation is not an illness and does not require treatment. The statement
15 further provided that while “[i]t is not the role of the professional school
16 counselor to attempt to change a student’s sexual orientation/gender identity,”
17 the counselor may provide individual student planning or responsive services
18 to LGBTQ students to promote self-acceptance, deal with social acceptance,
19 understand issues related to coming out, and identify appropriate community
20 resources.

1 (5) The National Association of Social Workers prepared a 1997 policy
2 statement in which it states: “[s]ocial stigmatization of lesbian, gay and
3 bisexual people is widespread and is a primary motivating factor in leading
4 some people to seek sexual orientation changes.” It further states that
5 “[s]exual orientation conversion therapies assume that homosexual orientation
6 is both pathological and freely chosen. No data demonstrate that reparative or
7 conversion therapies are effective, and, in fact, they may be harmful.”

8 (6) In 1999, the American Counseling Association Governing Council
9 adopted a statement opposing reparative therapy as a cure for homosexual
10 individuals.

11 (7) The American Psychoanalytic Association issued a position
12 statement in June 2012 on attempts to change sexual orientation, gender,
13 identity, or gender expression, in which the Association states: “[a]s with any
14 societal prejudice, bias against individuals based on actual or perceived sexual
15 orientation, gender identity or gender expression negatively affects mental
16 health, contributing to an enduring sense of stigma and pervasive self-criticism
17 through the internalization of such prejudice.” The statement further explains
18 that “[p]sychoanalytic technique does not encompass purposeful attempts to
19 ‘convert,’ ‘repair,’ change or shift an individual’s sexual orientation, gender
20 identity or gender expression. Such directed efforts are against fundamental

1 principles of psychoanalytic treatment and often result in substantial
2 psychological pain by reinforcing damaging internalized attitudes.”

3 (8) A 2012 article published in the Journal of the American Academy of
4 Child and Adolescent Psychiatry, entitled “Practice Parameter on Gay, Lesbian
5 or Bisexual Sexual Orientation, Gender-Nonconformity, and Gender
6 Discordance in Children and Adolescents,” states: “[t]here is no empirical
7 evidence adult homosexuality can be prevented if gender nonconforming
8 children are influenced to be more gender conforming. Indeed, there is no
9 medically valid basis for attempting to prevent homosexuality, which is not an
10 illness. On the contrary, such efforts may encourage family rejection and
11 undermine self-esteem, connectedness and caring, important protective factors
12 against suicidal ideation and attempts.”

13 (9) The Pan American Health Organization, a regional office of the
14 World Health Organization, issued a statement in May 2012 that: “[t]hese
15 supposed conversion therapies constitute a violation of the ethical principles of
16 health care and violate human rights that are protected by international and
17 regional agreements.” The organization also noted that reparative therapies
18 “lack medical justification and represent a serious threat to the health and
19 well-being of affected people.”

20 (10) Minors who experience family rejection based on their sexual
21 orientation face especially serious health risks. A 2009 article authored by

1 Caitlin Ryan, et al., entitled “Family Rejection as a Predictor of Negative
2 Health Outcomes in White and Latino Lesbian, Gay, and Bisexual Young
3 Adults,” found that lesbian, gay, and bisexual young adults who reported
4 higher levels of family rejection during adolescence were 8.4 times more likely
5 to report having attempted suicide, 5.9 times more likely to report high levels
6 of depression, 3.4 times more likely to use illegal drugs, and 3.4 times more
7 likely to report having engaged in unprotected sexual intercourse compared
8 with peers from families that reported no or low levels of family rejection.

9 (11) Vermont has a compelling interest in protecting the physical and
10 psychological well-being of children, including lesbian, gay, bisexual, and
11 transgender youth, and in protecting its children against exposure to serious
12 harms caused by conversion therapy.

13 * * * Conversion Therapy * * *

14 Sec. 2. 18 V.S.A. chapter 196 is added to read:

15 CHAPTER 196. CONVERSION THERAPY

16 § 8351. DEFINITIONS

17 As used in this chapter:

18 (1) “Conversion therapy” means any practice by a mental health care
19 provider that seeks to change an individual’s sexual orientation, including
20 efforts to change behaviors or gender expressions or to eliminate or reduce

1 sexual or romantic attractions or feelings toward individuals of the same sex.

2 “Conversion therapy” does not include psychotherapies that:

3 (A) provide support to an individual undergoing gender
4 transition; and

5 (B) provide acceptance, support, and understanding of clients or the
6 facilitation of clients’ coping, social support, and identity exploration and
7 development, including sexual-orientation-neutral interventions to prevent or
8 address unlawful conduct or unsafe sexual practices and that do not seek to
9 change an individual’s sexual orientation or gender identity.

10 (2) “Mental health care provider” means a person licensed to practice
11 medicine pursuant to 26 V.S.A. chapter 23, 33, or 81 who specializes in the
12 practice of psychiatry; a psychologist, a psychologist-doctorate, or a
13 psychologist-master as defined in 26 V.S.A. § 3001; a clinical social worker as
14 defined in 26 V.S.A. § 3201; a clinical mental health counselor as defined in
15 26 V.S.A. § 3261; a licensed marriage and family therapist as defined in
16 26 V.S.A. § 4031; a psychoanalyst as defined in 26 V.S.A. § 4051; any other
17 allied mental health professional; or a student, intern, or trainee of any such
18 profession.

19 § 8352. TREATMENT OF MINORS

20 A mental health care provider shall not use conversion therapy with a client
21 younger than 18 years of age.

1 § 8353. UNPROFESSIONAL CONDUCT

2 Any conversion therapy used on a client younger than 18 years of age by a
3 mental health care provider shall constitute unprofessional conduct as provided
4 in the relevant provisions of Title 26 and shall subject the mental health care
5 provider to discipline pursuant to the applicable provisions of that title and
6 of 3 V.S.A. chapter 5.

7 * * * Physicians * * *

8 Sec. 3. 26 V.S.A. § 1354(a) is amended to read:

9 (a) The ~~board~~ Board shall find that any one of the following, or any
10 combination of the following, whether or not the conduct at issue was
11 committed within or outside the ~~state~~ State, constitutes unprofessional conduct:

12 * * *

13 (39) use of the services of a physician assistant by a physician in a
14 manner which is inconsistent with the provisions of chapter 31 of this title; or

15 (40) use of conversion therapy as defined in 18 V.S.A. § 8351 on a
16 client younger than 18 years of age.

17 * * * Osteopathy * * *

18 Sec. 4. 26 V.S.A. § 1842(b) is amended to read:

19 (b) Unprofessional conduct means the following conduct and conduct set
20 forth in 3 V.S.A. § 129a-;

21 * * *

1 roles such as testifying in a child custody dispute or divorce proceedings
2 involving clients; or

3 (13) using conversion therapy as defined in 18 V.S.A. § 8351 on a client
4 younger than 18 years of age.

5 * * * Clinical Mental Health Counselors * * *

6 Sec. 7. 26 V.S.A. § 3271(a) is amended to read:

7 (a) Unprofessional conduct means the following conduct and conduct set
8 forth in 3 V.S.A. § 129a-;

9 * * *

10 (7) independently practicing outside or beyond a clinical mental health
11 counselor's area of training, experience or competence without appropriate
12 supervision; or

13 (8) using conversion therapy as defined in 18 V.S.A. § 8351 on a client
14 younger than 18 years of age.

15 * * * Marriage and Family Therapists * * *

16 Sec. 8. 26 V.S.A. § 4042(a) is amended to read:

17 (a) Unprofessional conduct means the following conduct and the conduct
18 set forth in 3 V.S.A. § 129a:

19 * * *

20 (7) Using conversion therapy as defined in 18 V.S.A. § 8351 on a client
21 younger than 18 years of age.

